



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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January 26, 2004

William J. Hagens, Esq., R.O.R.G.
Senior Health Policy Advisor
Office of the Secretary
Department of Social and Health Services
PO Box 45010
Olympia, WA 98504-5010

Dear Mr. Hagens:

Thank you for your presentation to the State Board of Health in December on the Medical Assistance Administration (MAA) strategic plan for the years 2006 to 2011 and for your specific invitation to the Board to comment on MAA's suggested strategic planning themes. The Board considered, refined, and approved the enclosed statement at its January meeting. It reflects the candid views of the Board based on our discussion at our December meeting, the Board's policy research, and our other discussions of these issues over the past few years.

The Board supports MAA's proposed strategic themes. We especially like the emphasis the themes place on improving health status using evidence based health services as a primary theme. We believe a strong and adequately financed public health infrastructure is essential for that. We suggest Department of Social and Health Services (DSHS) consider special funding for epidemiological work and other public health work focused on Medicaid clients, since they bear a disproportionate burden of many prevalent diseases. We further suggest priority be given to certain personal health services identified in the Board's policy development work on access to critical health services, children's clinical preventive care, and more.

The Board congratulates DSHS for its successful experiments in disease management and encourages their proliferation into standard practice. We especially urge early action on this recommendation as it pertains to the medical services infrastructure now available to our state's developmentally disabled persons.

We congratulate DSHS on the limited use it has made so far of its studies on the cost offsets to the Medicaid budget from making needed substance abuse services more available to Medicaid clients. We urge far more aggressive action there including advocating for substance abuse caseload projections to be tracked by the State Revenue and Caseload Forecasting Council. As your research has shown, waiting lines for substance abuse treatment is a proven waste of taxpayer dollars.

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We urge similar action, namely, mental health parity, for Medicaid recipients in response to DSHS's recent research finally documenting the medical cost offsets from mental health services and their potential to improve the effectiveness of ballooning drug costs for this population.

We also suggest that *receipt* of proven clinical preventive services for children, as now paid for through the EPSDT program should be the goal – not just payment for any services that might be provided. If additional health related accountability from schools for Medicaid funds will help with this, or with seeing other critical health services are received by our state's poor school children, we urge that.

Also in support of MAA's stated strategic planning team of providing evidence-based services that improve health status, we suggest that the recommendations of the US Clinical Preventive Services Task Force be followed for adults, as well. The copious evidence of their value is readily available at <http://www.ahrq.gov/clinic/cps3dix.htm>.

The Board believes strongly that racial and ethnic diversification of the health care workforce should be pursued more aggressively to ensure a competent, credible, and creative health workforce. The Board restates its recommendation to DSHS contained in our 2001 health disparities report that DSHS make better use of Medicaid GME funds to promote this needed diversity.

Finally, the Board supports MAA's proposed strategic planning theme of aligning its actions more closely with community partners and health providers. We suggest that MAA may be in a position to learn by viewing the state-local and local-community partnerships that have developed in our state's public health system. We believe that MAA should carry this theme forward by moving away from a model of command and control regulation and toward one of mutual respect, trust, and shared accountability for health outcomes.

The Board stands ready to work with DSHS as it moves forward in developing and implementing a strategic plan that realizes the fine direction its suggested themes indicate.

Thank you for extending the Board this opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Lake", with a stylized, flowing script.

Linda Lake, Chair
Washington State Board of Health

Enclosure